College of Graduate Studies Annual Report
Of Progress and Performance for Master’s and Specialist Students

Student Name ___________________________________________ ID/Vandal # ______________________

Degree __________________ Major ___________________________ Email Address _________________________

Student Directions: It is the Master's or Specialist student's responsibility to initiate the evaluation process; however, an evaluation may be initiated at any time by the Major Professor. If a Major Professor has not been appointed, the Department Chair will conduct the evaluation. The evaluation must be completed annually by the second Friday of April.

Major Professor or Unit Administrator: This form is to be used when evaluating student progress and performance. Please consult with the student and then respond to the following statements. If you wish to elaborate on any point, please use a separate page.

Timely completion of major professor and/or committee form. | Yes | No | NA
---|---|---|---
Timely posting of educational plan to Degree Audit. | Yes | No | NA
Timely development of the non-thesis requirement or thesis topic. | Yes | No | NA
Timely Acceptable progress toward completion of thesis or non-thesis requirement | Yes | No | NA
Meeting department responsibilities | Yes | No | NA
Maintaining working relationships with fellow students, staff, and other university departments and offices | Yes | No | NA
Growth as a scholar and a researcher. | Yes | No | NA

Other comments or concerns may be included on the other side or a separate sheet.

Student signature below indicates that you have discussed the contents of this evaluation report with your Major Professor or Department Chair

___________________________________________  ____________________________
Student Signature                                   Date

Major Professor signature indicates that you have discussed the contents of this evaluation report with your student.

Recommended action for the student is:

☐ Continuance in Program       ☐ Warning*       ☐ Dismissal*

___________________________________________  ____________________________  ____________________________
Major Professor Signature                                   Date                                    Printed Name

Department Chair signature indicates that the contents of this evaluation report have been reviewed and approved at the program’s administrative level.

___________________________________________  ____________________________  ____________________________
Department Chair Signature                                   Date                                    Printed Name

*Please submit a copy of this report to the College of Graduate Studies (COGS) only if a warning or dismissal is recommended. Email (cogs@uidaho.edu).
If dismissal is recommended, a meeting will be scheduled with all parties and the COGS Dean. Students who wish to appeal any part of this evaluation may do so in writing to the unit administrator with notification to the COGS Dean. Further appeals will be submitted to the COGS Dean and forwarded to the Graduate Petitions Committee.

3-27-2019